

## L-75 Request to Establish Official GED Testing Center

Dedicated FAX number for this form: (202) 464-4853

## **GED Testing Service**

of the American Council on Education One Dupont Circle, NW, Suite 250 Washington, DC 20036 (202) 939-9490

Requesting Agency Information		
Date: / / Send f	this request to the GEDTS Partner Out	treach Unit at the address above.
The General Educational Development Testing Service is hereby requested to establish an Official GED Testing Center as provided in the information below and in accordance with the policies of the GED Testing Service as outlined in Section 2 of the 2002 GED Examiner's Manual.		
Note: GEDTS cannot consider this page 2 of this form.	request without prior approval from the	GED Administrator as indicated on
Requesting Agency:		
Address of Requesting Agency:		
City:	State/Province/Territory:	Zip/Postal Code:
Requesting Agency Chief Administrative Officer Name and Title:		
Test Center Compliance Form L-75-2 Completed and Attached		
Proposed Official GED Testing Center Information		
Name of Proposed Official GED Testing Center:		
Exact Street Address:		
City:	State/Province/Territory:	Zip/Postal Code:
Chief Examiner Name:	Title:	
Street Address (if different than above	/e):	
City, State/Province/Territory, ZIP/Postal code (if different than above):		
I certify that the GED Chief Examiner Holds a Bachelor's degree and		
	s not involved in instruction or	preparation of the GED Tests.
Names and Titles of all GED Examin	ners - attach GED Form L-10 for each	examiner:
Additional Information:		
Phone Number: ( ) -	FAX Number: ( )	-
Requested by: Name (please type):		
Signature:		